
From: Varley, Mitch (USMS) [<mailto:Mitch.Varley@usdoj.gov>]
Sent: Wednesday, February 18, 2015 11:28 AM
To: Howard, John W. (AQ) (FBI)
Subject: FW: Thomas Rodella 78448-051

Jack, here's the response from Nurse Practitioner Jay Peterson at TCDF.

Hello Mitch,

Enclosed is a summary of inmate Rodella's (US1#78448051) medical care while incarcerated at TCDF.

Inmate Rodella presented for his initial health appraisal on 10/09/14, in which he identified medical issues of hypertension for 30+ years, hemochromatosis first diagnosed in 2012, chronic sinusitis, a history of gastric ulcer disease and multiple arthralgia's from various ligament and tendon surgery's. During the exam, sinusitis was identified and appropriate antibiotics were prescribed, along with Mobic for his arthralgia's and an H2 blocker for his gastric ulcer disease. His anti-hypertensive were renewed in addition.

Initial serum chemistry's were obtained on 10/30/2014, which revealed renal insufficiency, demonstrated by creatinine level of 1.35, and no evidence of his stated hemochromatosis. Prostate, blood counts, liver function and iron levels were all within normal limits. I obtained medical records from his PCP, Dr. Rajun Mirchandani, and surprisingly at his last office visit dated 04/03/12, he again demonstrated renal insufficiency with creatinine level of 1.4. I adjusted his anti-hypertensive and repeat serum chemistry's dated 11/06/15, revealed normal kidney function.

Again, labs were drawn on 12/02/14, which demonstrated no evidence of hemochromatosis, normal liver and kidney function as well as normal blood counts. He has also been seen for chronic care clinics on 11/06/14 as well as most recently on 01/29/15, where he voiced no acute concerns and he was feeling well.

In summary and in answering you questions:

1. Poor health constituting "significant medical needs", that statement is misleading as

demonstrated by normal blood pressure, no evidence of hemochromatosis, pain controlled on current medication, normal liver and renal functions, gastric ulcer disease controlled on H2 blocker, resolution of sinusitis from his course of antibiotics and his ability to exercise daily without any functional limitations.

2. "[Health] problems have worsened during his incarceration at TCDF"- actually his health care needs have improved, his renal insufficiency dating back to at least 2012, has been corrected, he has demonstrated no evidence of hemochromatosis requiring phlebotomy as he had in the past, his blood pressure medication has been regulated to appropriate doses and he was started on medications, and followed by psychiatry for his anxiety issues, which he did not address prior to coming to TCDF.

Mitch, if you need any further medical details or questions regarding inmate Rodella's level of medical care while at TCDF, don't hesitate to give me a call.

Take care,
Jay Peterson, CFNP, MSN, CNN-NP, CCHP